RAADYSAN BIOTECH, INC

Developing Innovative Therapies for Triple Negative Breast Cancer

Raising: Seed Round of $2.0 million

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Biotechnology Awards 2024

UNMET MEDICAL NEED

Raadysan

TRIPLE NEGATIVE BREAST CANCER (TNBC)

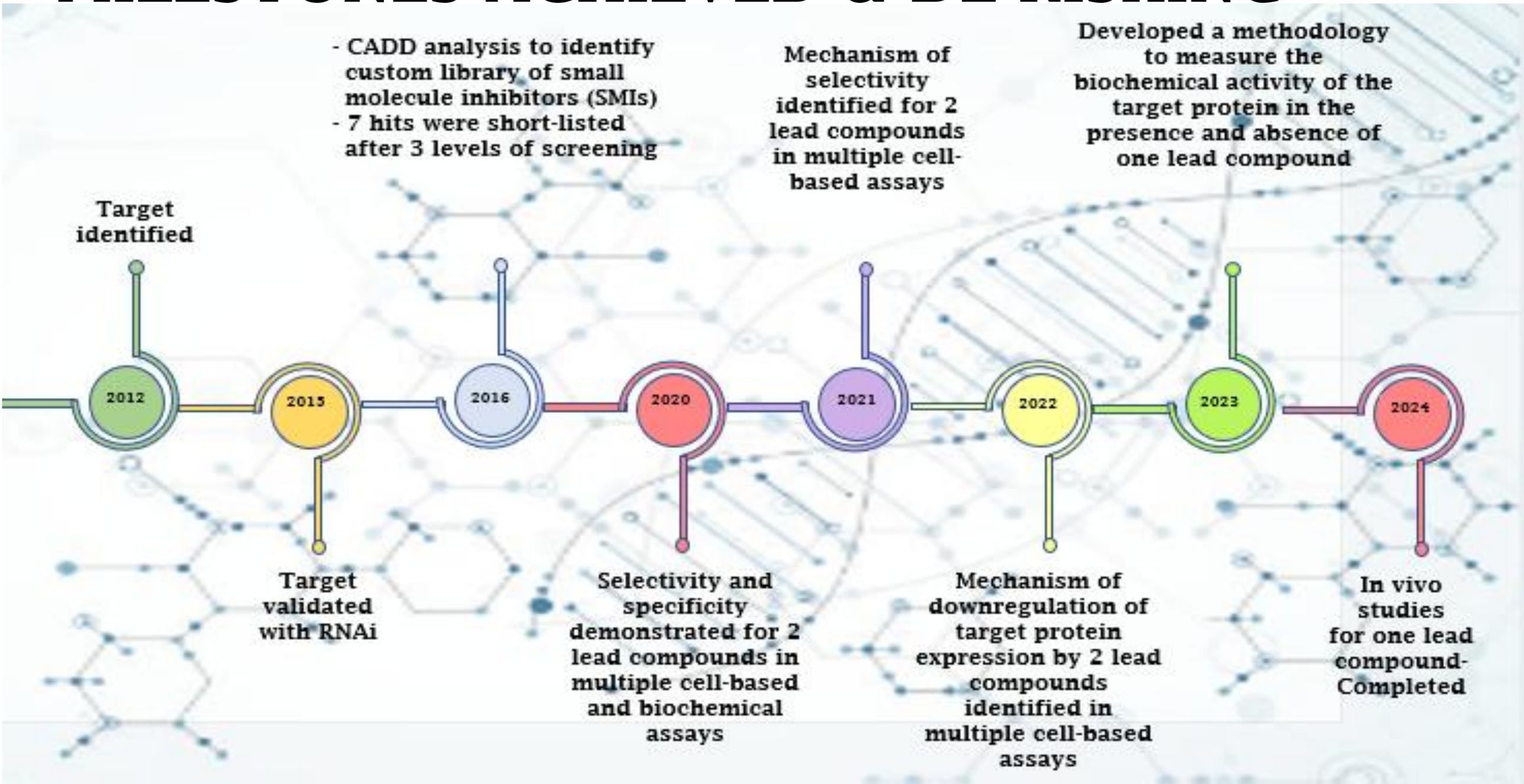
Lacks Hormonal and Growth receptors

- Very Aggressive
- High Prevalence Rates- (15-20%)
- Poor Survival Rates
- High Recurrence Rates
- 6 subtypes
- Ethnic disparity

Latest therapies do not increase the survival rates of TNBC patients beyond 2-6 months

Need to develop innovative therapies for the treatment of TNBC

MILESTONES ACHIEVED & DE-RISKING



SOLUTION

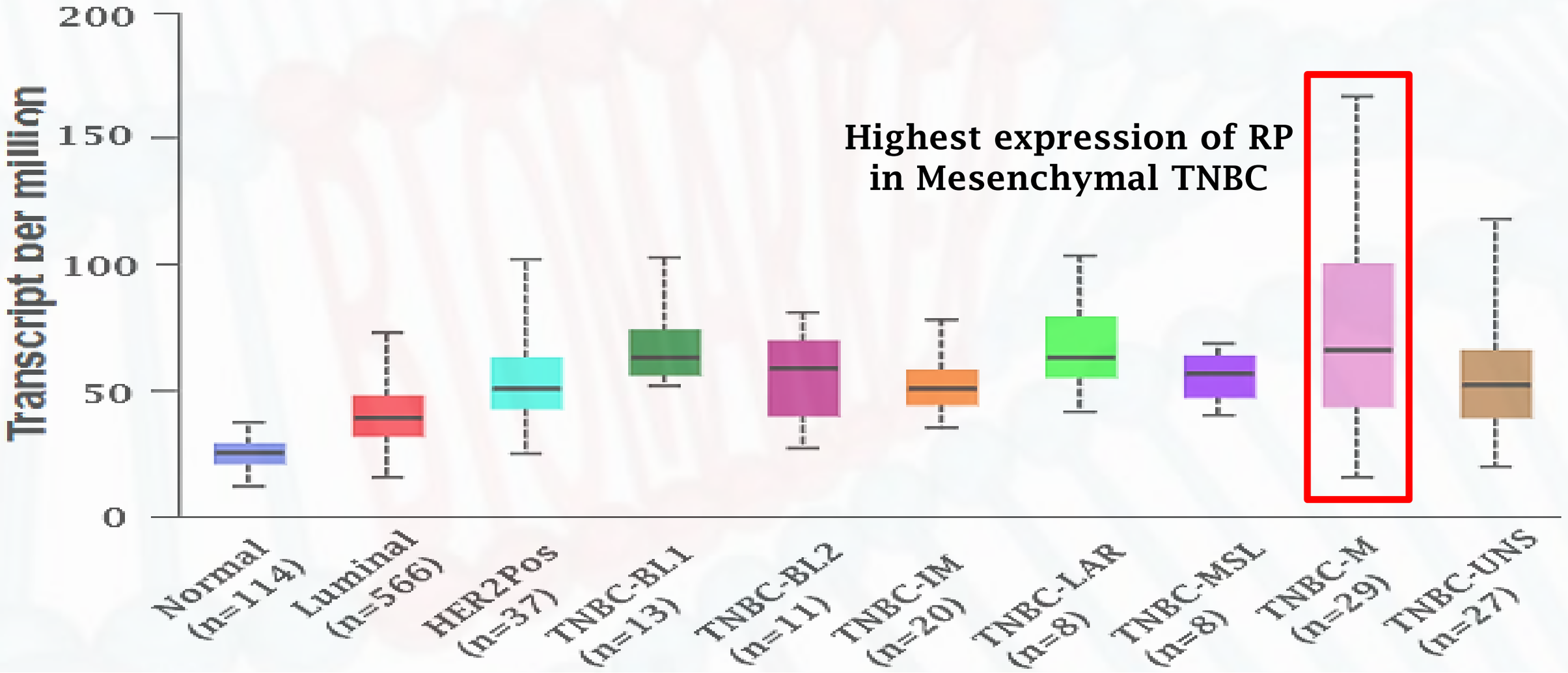
Identified novel target-RP*, which is directly involved in:

- **DNA replication**
- **Mitosis**
- **Cytokinesis**

- **RP* protein is over-expressed by 9-fold in TNBC patients**
- **RP* gene copy number gain was observed in 55-62% of TNBC Patients:**
  - **40% of the patients had tumor size of 2-5 cm**
  - **90% of the patients had the cancer metastasized to the regional lymph node(s)**

RP* - target identity is not revealed in this non-confidential deck and reserved for private disclosure only

CLINICAL VALIDATION



RP gene expression in transcript per million in different subtypes of TNBCs, as reported in UACLAN databases. TNBC-BL1: TNBC Basal-like 1, TNBC-BL2: TNBC Basal-like 2, TNBC-IM: TNBC Immunomodulatory, TNBC-LAR: TNBC luminal androgen receptor, TNBC-MSL: TNBC mesenchymal stem-like, TNBC-M: TNBC Mesenchymal, TNBC-UNS: TNBC unspecified.

SOLUTION

Identified first-in-class small molecule inhibitor against RP-RDY00120

In-vitro data

- Inhibited mesenchymal TNBC cell viability by 95%
- Inhibited RP enzyme expression by 47% in 24 hours via Ub-Proteasomal pathway
- Inhibited enzyme activity in nanomolar concentrations

Did not affect non-cancerous breast cells – Mechanism Of selectivity identified

Selectively inhibited mesenchymal TNBC cells via necroptosis

SOLUTION

Data for treatment of female mice (implanted with mesenchymal TNBC cell xenograft) with RDY00120 (monotherapy)

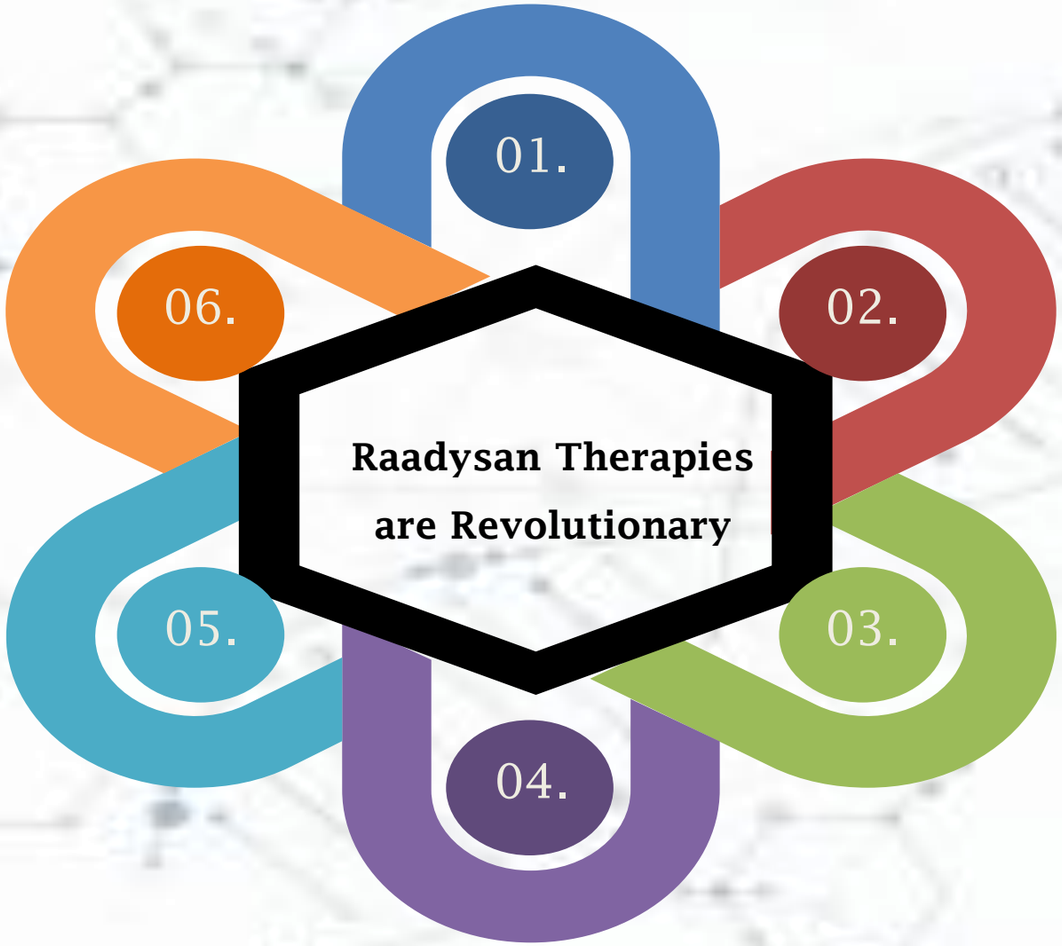
- Inhibited TNBC tumor growth rate by 61%
- Complete tumor regression in one animal

- Very few RP positive nuclei in treated vs untreated TNBC tumors - indicating RDY00120 directly inhibited RP protein expression resulting in tumor growth inhibition
- Fewer Ki-67 positive nuclei in treated vs untreated TNBC tumors

- No loss in body weight - indicating no toxic effects of the drug treatment on animals

ADVANTAGES OVER OTHER THERAPIES

Identified a novel molecular target



RDY00120 selectively inhibited TNBC cell viability by 95%

MOA: Inhibits the expression of the molecular target by 47%

Inhibited Tumor Growth Rate by 61% (monotherapy), in female mice

Complete regression in one animal

No loss in body weight

INTELLECTUAL PROPERTY

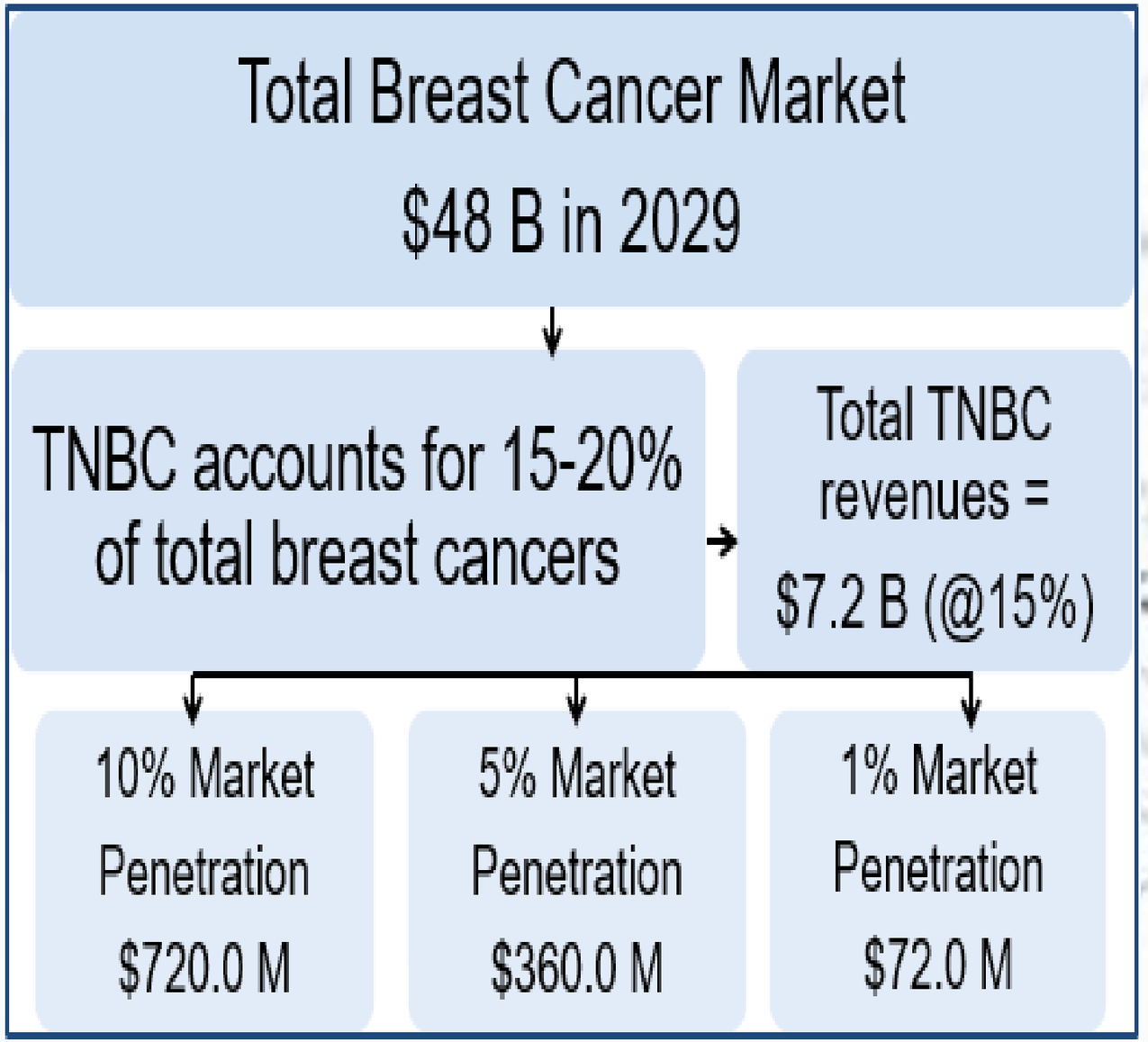
- Patent No. US 9,193,970
- Patent No. US 9,546,366

- PCT filed for compounds and methods
- National Stage Filing – US & Europe

- Patent No. US 9,822,363
- Patent No. US 9,970,012

IP Ownership: **Raadysan Biotech, Inc**

MARKET ANALYSIS



Over 2.8 million new cases of breast cancer, was reported worldwide, in 2020

COMPETITIVE LANDSCAPE

MERCK	Keytruda	PD-L1 receptor
Roche Genentech	Xeloda	Anti-Metabolite
AstraZeneca	Lynparza	PARP inhibitor
Pfizer	Talzenna	PARP inhibitor
GILEAD Creating Possible	Trodelvy	Trophoblast cell-surface Antigen 2 + Topoisomerase inhibitor

DISADVANTAGES:

- **Since none of these drugs directly target DNA Replication: – the cancer cells can find a roundabout and still grow**
- **60-80% TNBC patients are resistant to PARP inhibitor therapies and develop relapse or recurrence**

PRODUCT DEVELOPMENT STRATEGY
Timeline and Capital Requirements

STAGES	Pre-Clinical	IND filing	Phase 1
			
	In-vivo studies with PDX-TNBC	In-vivo Efficacy/ADME /TK Studies	Clinical Trial
CAPITAL ROUND	Seed = $2.0 million	Series A = $15.0 million	Series B = $15.0 million
~TIMELINE	2026	2027-2028	2029

USE OF PROCEEDS FOR SEEDING ROUND

$1.0 MM	R & D expenses: In vivo pilot studies in patient-derived xenografts of TNBC mice model
$1.0 MM	G & A expenses - IP Protection, Wages/payroll expenses, lab rent, etc.

INDICATIONS

- PRIMARY INDICATIONS:
  - Breast cancers: TNBC, ER^+, $HER2^+$
  - Other Gynecological cancers: Ovarian, Uterine, Cervical

- SECONDARY INDICATIONS:
  - Glioblastoma Multiforme
  - Acute & Chronic Myeloid Leukemia
  - Hepatocellular carcinoma
  - Head & Neck Cancer
  - Testicular Cancer

FINANCIALS

❖**<u>Funding to date:</u>**

- $845,000 (Founder Funded)

- Submitted SBIR grant-January 2025

(Anti-tumoral activity of RDY00120 in BRCA1-mutated TNBC)

❖**<u>ROI</u>**: Equity

EXIT STRATEGY

MANAGEMENT TEAM

Rakhee Gupte, MS, PhD – CEO & President: 25 years of academic and pharmaceutical experience in Oncology.

Steven Taylor, BSc, PhD – Chief Scientific Officer: 22 years experience in drug discovery and regulatory development

Roderike Pohl, PhD – VP, Research: 20 years of experience in pharmaceutics, bio-pharmaceutics and preclinical research.

Thank You

ADVISORS

Nick Landekic, MA, MBA – Corporate Dev. Advisor: 30 years of small biotech and big pharma experience in corporate development, marketing, and finance.

Paul Mieyal, PhD, CFA – Strategic Advisor: 20 years of experience in healthcare investments (Late-Stage). Managing Director at Outcome Capital.

Linda Vahdat, MD, MBA – Medical Advisor: Deputy Cancer Center Director, Section Chief of Medical Oncology and Interim Chief of Hematology at Norris Cotton Cancer Center. 20 years of experience treating Triple Negative Breast Cancer patients